


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002169		
1. Entity Name SOUTHERN SHORES PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.		
Principal Place of Business 5365 E. CTY HWY 30-A, STE. 105 SEAGROVE BEACH, FL 32459 US	Mailing Address P.O. BOX 4762 SANTA ROSA BEACH, FL 32459 US	
DO NOT WRITE IN THIS SPACE		



04092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3580619	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent BRUNI, ALAN P P.O. BOX 4762 SANTA ROSA BEACH, FL 32459

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATSON, FRANKLIN H 5365 E. COUNTY HIGHWAY 30A, STE. 105 SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEAUCHAMP, KRYSTAL 5365 E. COUNTY HIGHWAY 30A, STE. 107 SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHANCEY, WALT 5365 E. CTY HWY 30-A, STE. 108 SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000300277
04/12/05-80008-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan Bruni ALAN BRUNI APRIL 9, 2005 1-850-622-0388